

Virginia Department of Education's Sample IEP Form

The Virginia Department of Education does not require that schools use this sample IEP format; it is offered as a best practice sample. The sample IEP form is divided into two sections. The first section includes those pages that are the foundation of all IEPs. The second section includes those pages that will be added to the IEP as needed.

SECTION 1: Foundation of All IEPs

- **Cover Page:** This page contains general information about the student and documentation of those individuals who participated in the development of the IEP. (page 2)
- **Factors for IEP Team Considerations:** This form may be used if the school wishes to document the consideration and decisions made around factors that the team must consider during the process of developing the IEP. The documentation of these considerations, while not required, is best practice. However, all members of the IEP team must be aware of the factors that need to be considered by the IEP team during the development of the IEP, and the parent or parents must be provided a written description of these factors. (page 3)
- **Present Level of Educational Performance and Diploma Status** (page 4 and 5)
- **Measurable Annual Goals – Short Term Objectives or Benchmarks** (page 6)
- **Accommodations/Modifications and Participation in State and District-Wide Assessments** (page 7 and 8)
- **Services – Least Restrictive Environment – Placement** (page 9 and 10)
- **Prior Notice/Consent** (page 11)

SECTION 2: Additional IEP Forms as Needed

- **Cover Page – Medicaid Students:** This page contains general information about the student and documentation of those individuals who participated in the development of the IEP and assists in meeting the documentation requirements for Medicaid students for which services are billed. (page 13)
- **Present Level of Educational Performance, continued:** additional blank pages to be used as needed. (page 14)
- **Short Term Objectives or Benchmarks, continued:** additional blank pages to be used as needed. (page 15)
- **Secondary Transition:** This form includes: Course of Study (beginning at age 14) and Services (beginning at age 16 or younger). This form, when needed, follows the *Present Level of Educational Performance* and is before the *Measurable Annual Goals – Short-Term Objectives and/or Benchmarks – Services*. (page 16)
- **Secondary Transition Interagency Responsibilities & Needed Linkages:** This page addresses referrals to other agencies. (page 17)
- **Extended School Year Services:** This page addresses services beyond the normal school year/day, if needed. (page 18)
- **Literacy Passport Test:** This page addresses a student's participation, exemption and accommodations needed when participating in this part of Virginia's State Assessment System. This should follow the *Accommodations/Modifications* section of the IEP. (page 19)
- **Virginia State Assessment Program (VASP) – Stanford 9:** This page addresses a student's participation, exemption and accommodations needed when participating in this part of Virginia's State Assessment System. This should follow the *Accommodations/Modifications* section of the IEP. (page 20)
- **Virginia's Standards of Learning Assessments (SOL) and Virginia Alternate Assessment Program(VAAP):** This page addresses a student's participation and accommodations needed when participating in this part of Virginia's State Assessment System. This should follow the *Accommodations/Modifications* section of the IEP. (page 21)
- **District-wide Assessments:** This page address a student's participation and accommodations needed when participating in district-wide assessments. This should follow the *Accommodations/Modifications* section of the IEP. (page 22)
- **Placement Decision, Continued:** Additional page to be used as needed. (page 23)
- **Prior Notice, Continued:** Additional page to be used as needed. (page 24)
- **Prior Notice – Refusal(s)** (page 25)

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)
COVER PAGE**

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____ Grade _____

DOB ____/____/____ Age* _____ Disability(ies) (if identified) _____

Parent/Guardian Name _____

Home Address _____ Phone # (H) (____) _____

_____ Phone # (W) (____) _____

Most recent eligibility date.....____/____/____

Most recent re-evaluation date____/____/____

Next re-evaluation must occur before this date____/____/____

Date of IEP meeting.....____/____/____

This IEP will be reviewed no later than this date.....____/____/____

Date parent notified of IEP meeting.....____/____/____

Date student notified of IEP meeting (if transition will be discussed).....____/____/____

Copy of IEP given to parent/student by (Name) _____ On (Date) ____/____/____

IEP Teacher/Manager _____ Phone Number (____) _____

PARTICIPANTS INVOLVED:

The list below indicates that the individual participated in the development of this IEP and the placement decision; it does not authorize consent. Parent or student (age 18 or older) consent is indicated on the "Prior Notice/Consent" page.

NAME OF PARTICIPANT

POSITION

***The student must be informed at least one year prior to turning 18 that the IDEA procedural safeguards (rights) transfer to him/her at age 18 and be provided with an explanation of those procedural safeguards .**

Date informed ____/____/____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

FACTORS FOR IEP TEAM CONSIDERATION

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____

During the IEP meeting the following factors must be considered by the IEP team. Best practice suggests that the IEP team document that the factors were considered and any decision made relative to each. The factors are addressed in other sections of the IEP if not documented on this page. (for example: see Present Level of Educational Performance)

1. The strengths of the student and the concerns of the parents for enhancing the education of their child;

2. The results of the initial evaluation or most recent evaluation of the student including state and district-wide assessments:

3. The communication needs of the student;

4. The student's assistive technology devices and services needs;

5. In the case of a **student whose behavior impedes his or her learning or that of others**, consider, when appropriate, strategies, including positive behavioral interventions, strategies, and supports to address that behavior;

6. In the case of a **student with limited English proficiency**, consider the language needs of the child as such needs relate to the child's IEP;

7. In the case of a **student who is blind or has a visual impairment**, provide for instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the student; and

8. In the case of a **student who is deaf or hard of hearing**, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

PRESENT LEVEL OF EDUCATIONAL PERFORMANCE

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____

The Present Level of Educational Performance describes the effect of the student's disability upon the student's involvement and progress in the general curriculum and area(s) of need. This includes the student's performance in academic areas (reading, math, communication, etc.) and non-academic areas (behavior, social skills, daily life activities, mobility, extra-curricular activities, etc.) in objective terms. Test scores, if appropriate, should be self-explanatory or an explanation should be included. For preschool students this section should include how the student's disability affects the student's participation in appropriate activities. **There should be a direct relationship between the present level of educational performance and the other components of the IEP.**

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

PRESENT LEVEL OF EDUCATIONAL PERFORMANCE, Continued
& DIPLOMA STATUS

Student Name _____ Date ____/____/____

Page ____ of ____

Student ID Number _____

Present Level of Educational Performance, continued.

DIPLOMA STATUS: Discuss annually beginning at age 14, or younger. This student is a candidate for a:

- | | |
|--|---|
| <input type="checkbox"/> Standard Diploma | <input type="checkbox"/> Modified Standard Diploma* |
| <input type="checkbox"/> Advanced Studies Diploma | <input type="checkbox"/> Special Diploma |
| <input type="checkbox"/> Certificate of Program Completion | |
| <input type="checkbox"/> GED (General Educational Development) Certificate (only for those who meet requirements of the GED) | |
| <input type="checkbox"/> Not discussed at this time | |

Projected Graduation/Exit Date: _____

COMMENTS:

NOTE: Special education and related services end upon receiving a Standard Diploma or Advanced Studies Diploma. If the student receives a Modified Standard Diploma, Special Diploma, Certificate of Program Completion, or a GED Certificate, the student remains entitled to a free appropriate public education through age 21.

* Eligibility and participation in the Modified Standard Diploma program is determined by the IEP team and the student, where appropriate, at any point after the student's eighth grade year.

➤ Is secondary transition being addressed? ____No ____Yes

If yes, complete "Secondary Transition" pages before developing measurable annual goals.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MEASURABLE ANNUAL GOALS – SHORT TERM OBJECTIVES or BENCHMARKS

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____ Area of Need _____

_____ MEASURABLE ANNUAL GOAL:

How will progress toward this annual goal be measured?
(check all that apply)

- ____ Classroom Participation
- ____ Checklist
- ____ Classwork
- ____ Criterion-referenced test: _____
- ____ Homework
- ____ Norm-referenced test: _____
- ____ Observation
- ____ Special Projects
- ____ Tests and Quizzes
- ____ Written Reports
- ____ Other (list): _____

Date of Progress Report m/d/y								
Progress Code								

Progress on this goal will be reported at the end of each marking period and at the interim for each marking period using the following codes:

- SP** – The student is making **S**ufficient **P**rogress to achieve this annual goal within the duration of this IEP
ES – The student demonstrates **E**merging **S**kill but may not achieve this goal within the duration of this IEP
IP – The student has demonstrated **I**nsufficient **P**rogress to meet this annual goal and may not achieve this goal within the duration of this IEP
NI – The student has **N**ot been provided **I**nstruction on this goal
M – The student has **M**astered this annual goal

SHORT TERM OBJECTIVES or BENCHMARKS

Objective/Benchmark #____

Objective/Benchmark #____

Objective/Benchmark #____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

ACCOMMODATIONS/MODIFICATIONS

Student Name _____ Date ____/____/____

Page ____ of ____

Student ID Number _____

This student will be provided access to the general education, special education, other school services and activities including non-academic activities and extracurricular activities, and education related settings:

____ with no accommodations/modifications

____ with the following accommodations/modifications

Accommodations/modifications provided as part of the instructional and testing/assessment process will allow the student equal opportunity to access the curriculum and demonstrate achievement. Accommodations/modifications also provide access to non-academic and extracurricular activities and educationally related settings. Accommodations/modifications based solely on the potential to enhance performance beyond providing equal access are inappropriate.

Accommodations may be in, but not limited to, the areas of time, scheduling, setting, presentation and response. The impact of any modifications listed should be discussed. This includes the earning of credits for graduation.

ACCOMMODATIONS/MODIFICATIONS (please list, as appropriate)

Accommodation(s)/Modification(s)	Frequency	Location	Duration m/d/y to m/d/y

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

ACCOMMODATIONS/MODIFICATIONS, Continued
PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS

Student Name _____ Date ____/____/____

Page ____ of ____

Student ID Number _____

Accommodation(s)/Modification(s)	Frequency	Location	Duration m/d/y to m/d/y

STATE AND DISTRICT-WIDE ASSESSMENTS

This student's participation in state or district-wide assessments must be considered and discussed. During the duration of this IEP:

- Will the student be at an age or a grade level for which the student is eligible to participate in a state or district-wide assessment? ☐ Yes
- Will the student be enrolled in a course for which there is a SOL End-of-Course test or district-wide assessment? ☐ Yes
- Will the student be participating in a SOL remediation recovery program? or ☐ Yes
- Will the student need to take a state assessment as a requirement to earn a Modified Standard Diploma, Standard Diploma, or Advanced Studies Diploma? ☐ Yes

If Yes to any of the above, check the appropriate assessment(s).

☐ State Assessments

☐ SOL Assessments and retake (SOL)

☐ Virginia Alternate Assessment (VAAP)

☐ Virginia State Assessment Program (Stanford 9)

☐ Literacy Passport Tests (LPT)

☐ District-wide Assessments (list)

Attach the identified assessment page(s), which will document the decisions made about participation and any needed accommodations and/or modifications.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

SERVICES – LEAST RESTRICTIVE ENVIRONMENT – PLACEMENT

Student Name _____ Date ____/____/____

Page ____ of ____

Student ID Number _____

Least Restrictive Environment (LRE)

When discussing least restrictive environment and placement options, the following must be considered:

- To the maximum extent appropriate, the student is educated with children without disabilities.
- Special classes, separate schooling or other removal of the student from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
- The student's placement should be as close as possible to the child's home and unless the IEP of the student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if he or she did not have a disability.
- In selecting the LRE, consideration is given to any potential harmful effect on the student or on the quality of services that he/she needs.
- The student with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum.

Free Appropriate Public Education (FAPE)

When discussing FAPE for this student, it is important for the IEP team to remember that FAPE may include, as appropriate:

- Educational Programs and Services
- Proper Functioning of Hearing Aids
- Assistive Technology
- Transportation
- Nonacademic and Extracurricular Services and Activities
- Physical Education
- Extended School Year Services
- Length of School Day

SERVICES: Identify the service(s), including frequency, duration and location, that will be provided to or on behalf of the student in order for the student to receive a free appropriate public education (see above). These services are the special education services and as necessary, the related services, supplementary aids and services, assistive technology, supports for personnel, accommodations and/or modifications* and extended school year services* the student will receive that will address area(s) of need as identified by the IEP team. Address any needed transportation and physical education services including accommodations and/or modifications.

Service(s)	Frequency	Location	Duration m/d/y to m/d/y

*These services are listed on the "Accommodations/Modifications" page and "Extended School Year Services" page, as needed.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

SERVICES – LEAST RESTRICTIVE ENVIRONMENT – PLACEMENT, Continued

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____

Service(s) cont.	Frequency	Location	Duration m/d/y to m/d/y

PLACEMENT

The team may consider placement options in conjunction with discussing any needed supplementary aids and services, accommodations/modifications, assistive technology, and supports for school personnel. In considering the placement continuum options, check those the team discussed. Then, describe the placement selected in the **PLACEMENT DECISION** section below. Determination of LRE and placement may be one or a combination of options along the continuum.

Placement Continuum Options Considered:

Instruction Provided in:

___ regular class(es)
(includes integrated settings)
___ special class(es)

Special School:

___ public day school
___ private day school
___ state operated program
___ private residential facility

___ home based instruction
___ hospital
___ other (describe):

PLACEMENT DECISION:

Based upon identified services and the consideration of least restrictive environment (LRE) and placement continuum options, describe in the space below the placement. Additionally, summarize the discussions and decision around LRE and placement. This must include an explanation of why the student **will not** be participating with students without disabilities in the general education class(es), programs, and activities. Attach additional pages as needed.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

PRIOR NOTICE/CONSENT

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____

PRIOR NOTICE OF IEP AND PLACEMENT DECISION

The school division proposes to implement this IEP and the placement decision as written. This proposed IEP and placement will allow the student to receive a free appropriate public education in the least restrictive environment. This decision is based upon a review of current records, current assessments and the student's performance as documented in the Present Level of Educational Performance. Other options considered, if any, and the reason for their rejection are attached, or can be found in the Placement Decision section of this IEP. Additionally, other factors, if any, that are relevant to this proposal are attached. When the parent(s) and adult student were notified of the meeting to develop this IEP, they were provided a copy of the procedural safeguards that explains their rights. If you, the parent(s) and adult student, need another copy of the procedural safeguards or need assistance in understanding this information please contact _____ at (____) _____ or e-mail

_____ or
_____ at (____) _____ or e-mail _____.

____ Parent(s) initials here indicate that the parent(s) has read the above prior notice and attachments, if any, before giving permission to implement this IEP and the placement decision.

PARENT/ADULT STUDENT CONSENT: Indicate your response by checking the appropriate space and sign below.

____ I give permission to implement this IEP and the placement decision.

____ I do not give permission to implement this IEP and the placement decision.

_____/____/____
Parent Signature or Adult Student Signature (if appropriate) Date

TRANSFER OF RIGHTS AT THE AGE OF MAJORITY (age 18):

Indicate the date that the student and parent were informed of the transfer of parental rights under IDEA to the adult student at the age of 18. This must occur at least one year prior to the age of 18.

Date School Official Signature

I was informed of the parental rights under IDEA and that these rights transfer to me at age 18.

Date Student Signature

I was informed of the parental rights under IDEA that transfer to my child at age 18.

Date Parent Signature

SECTION 2

Additional IEP Forms To Be Used As Needed

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)
COVER PAGE – Medicaid Students**

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____ Medicaid # _____ Grade _____

DOB ____/____/____ Age* _____ Disability(ies) (if identified) _____

Parent/Guardian Name _____

Home Address _____ Phone # (H) (____) _____

_____ Phone # (W) (____) _____

Most recent eligibility date.....____/____/____

Most recent re-evaluation date____/____/____

Next re-evaluation must occur before this date____/____/____

Date of IEP meeting.....____/____/____

This IEP will be reviewed no later than this date.....____/____/____

Date parent notified of IEP meeting.....____/____/____

Date student notified of IEP meeting (if transition will be discussed).....____/____/____

Copy of IEP given to parent/student by (Name) _____ On (Date) ____/____/____

IEP Teacher/Manager _____ Phone Number (____) _____

PARTICIPANTS INVOLVED:

The list below indicates that the individual participated in the development of this IEP and the placement decision; it does not authorize consent. Parent or student (age 18 or older) consent is indicated on the "Prior Notice/Consent" page.

NAME OF PARTICIPANT

POSITION

For Medicaid Students Only – Required for Billable Services

Physician Signature _____ Physician Name _____

Date ____/____/____ Phone (____) _____ Medicaid Discharge Plan/Disposition _____

***The student must be informed at least one year prior to turning 18 that the IDEA procedural safeguards (rights) transfer to him/her at age 18 and be provided with an explanation of those procedural safeguards.**

Date informed ____/____/____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

PRESENT LEVEL OF EDUCATIONAL PERFORMANCE, Continued

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

SHORT TERM OBJECTIVES OR BENCHMARKS, Continued

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____ Goal # _____ Area of Need: _____

SHORT TERM OBJECTIVES or BENCHMARKS cont.

Objective/Benchmark #____

Objective/Benchmark #____

Objective/Benchmark #____

Objective/Benchmark #____

Objective/Benchmark #____

Objective/Benchmark #____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

SECONDARY TRANSITION

Student Name _____ Date ____/____/____

Page ____ of ____

Student ID Number _____

TRANSITION – COURSE OF STUDY

(Beginning at age 14 or younger)

Describe the focus of the student's course of study (i.e., specify the educational courses and experiences in school and the community that will assist the student in achieving his/her post school goals). For students pursuing a modified standard diploma, consider the student's need for occupational readiness, including courses to prepare the student as a career and technical education program completer.

TRANSITION SERVICES

(Beginning at age 16 or younger)

1. Desired Outcomes – POSTSECONDARY EMPLOYMENT (including integrated or supported employment)

-
- Is a functional vocational evaluation needed? ____yes ____no

If yes, describe: _____

-
- Is specially designed instruction needed? ____yes ____no

If yes, describe (make sure the IEP addresses this need through goals, services, etc.):

2. Desired Outcomes – CAREER AND TECHNICAL EDUCATION _____

-
- Is specially designed instruction needed? ____yes ____no

If yes, describe (make sure the IEP addresses this need through goals, services, etc.):

3. Desired Outcomes – POSTSECONDARY EDUCATION (including continuing and adult education)_____

-
- Is specially designed instruction needed? ____ yes ____ no

If yes, describe (make sure the IEP addresses this need through goals, services, etc.):

4. Desired Outcomes – INDEPENDENT LIVING _____

-
- Is specially designed instruction needed? ____yes ____no

If yes, describe (make sure the IEP addresses this need through goals, services, etc.):

5. Desired Outcomes – COMMUNITY PARTICIPATION _____

-
- Is specially designed instruction needed? ____yes ____no

If yes, describe (make sure the IEP addresses this need through goals, services, etc.):

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

SECONDARY TRANSITION INTERAGENCY RESPONSIBILITIES & NEEDED LINKAGES

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____

1. To assist in achieving post-secondary employment outcomes or goals, the student will be referred to the following agency(ies) or organization(s):

AGENCY/ORGANIZATION

PERSON RESPONSIBLE FOR REFERRAL

Reason For Referral Including Requested Service(s): _____

2. To assist in achieving career and technical education outcomes or goals, the student will be referred to the following agency(ies) or organization(s):

AGENCY/ORGANIZATION

PERSON RESPONSIBLE FOR REFERRAL

Reason For Referral Including Requested Service(s): _____

3. To assist in achieving post-secondary education outcomes or goals, the student will be referred to the following agency(ies) or organization(s):

AGENCY/ORGANIZATION

PERSON RESPONSIBLE FOR REFERRAL

Reason For Referral Including Requested Service(s): _____

4. To assist in achieving independent living outcomes or goals, the student will be referred to the following agency(ies) or organization(s):

AGENCY/ORGANIZATION

PERSON RESPONSIBLE FOR REFERRAL

Reason For Referral Including Requested Service(s): _____

5. To assist in achieving community participation outcomes or goals, the student will be referred to the following agency(ies) or organization(s):

AGENCY/ORGANIZATION

PERSON RESPONSIBLE FOR REFERRAL

Reason For Referral Including Requested Service(s): _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

EXTENDED SCHOOL YEAR SERVICES (ESY)

Student Name _____ Date ____/____/____

Page ____ of ____

Student ID Number _____

Summarize the IEP team's discussions and decision about ESY:

If ESY services are to be provided, identify which goals in the current IEP will be addressed by the ESY services:

Identify the Extended School Year services needed to meet these goals:

ESY Service(s)	Frequency	Location	Duration m/d/y to m/d/y

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

LITERACY PASSPORT TESTS (LPT)

Student Name _____ Date ____/____/____

Page ____ of ____

Student ID Number _____

Complete this page for those students who fall within the LPT requirements in the *Regulations Establishing Standards for Accrediting Public Schools in Virginia*.

PARTICIPATION IN THE LPT

If the student is participating in the LPT, list the accommodation(s) and/or modification(s) that will be made based upon those the student generally uses during classroom instruction and assessment. For the accommodations and/or modifications that may be considered for this student, refer to the "Accommodations/Modifications" page of the IEP and the LPT guidelines adopted by the Virginia Board of Education.

The student will participate in the following LPT tests (check):

LITERACY PASSPORT TESTS	ACCOMMODATIONS MODIFICATIONS	If YES , List Accommodation(s) and/or Modification(s) by Test.
___ Reading Comprehension Test ____/____/____ Date Passed	___ Yes ___ No	
___ Writing Test ____/____/____ Date Passed	___ Yes ___ No	
___ Mathematics Test ____/____/____ Date Passed	___ Yes ___ No	

Mark any nonstandard administrations with an asterisk*. A student with a disability who has passed an LPT test utilizing any accommodation including a non-standard accommodation has passed for all purposes.

EXPLANATION FOR NON-PARTICIPATION AND HOW THE STUDENT WILL BE ASSESSED

If the student has postponed taking any part of the LPT or is exempted from taking the LPT, describe in the space below the reasons for the postponement or exemption, and how the student will be assessed in these areas.

NOTES: If a student postpones taking one or more of the literacy tests, it will decrease the student's opportunities to take and pass the tests. In order for a student to receive a Standard Diploma or Advanced Studies Diploma, the student must achieve passing scores on all three of the literacy tests according to the timeframe for certain students in the *Regulations Establishing Standards for Accrediting Public Schools in Virginia*.

Any decision to exempt the student from participating in the Literacy Passport Tests must be reviewed at least annually by the IEP team. Students exempted from participating in the Literacy Passport Tests will not be able to receive a Standard Diploma or Advanced Studies Diploma.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

VIRGINIA STATE ASSESSMENT PROGRAM (VSAP) – STANFORD 9

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____

As a ____4th, ____6th, ____9th grader this student is eligible to participate in the VSAP, the Stanford 9.

PARTICIPATION IN THE VSAP

If the student is participating in all or any part of the Stanford 9, list the accommodation(s) and/or modification(s) that will be made based upon those the student generally uses during classroom instruction and assessment. For the accommodations and/or modifications that may be considered for this student, refer to the “Accommodations/Modifications” page of the IEP and the guidelines adopted by the Virginia Board of Education. The student will participate in the following Stanford 9 subtest(s) (check):

TEST/SUBTEST	ACCOMMODATIONS MODIFICATIONS	If <u>YES</u> , List Accommodation(s) and/or Modification(s) by Subtest
READING ____Reading Vocabulary	____Yes ____No	
____Reading Comprehension	____Yes ____No	
MATHEMATICS ____Problem Solving	____Yes ____No	
____Procedures	____Yes ____No	
LANGUAGE ____Pre-writing	____Yes ____No	
____Composing	____Yes ____No	
____Editing	____Yes ____No	
SCIENCE (LOCAL OPTION) ____Science	____Yes ____No	
SOCIAL STUDIES (LOCAL OPTIONS) ____Social Studies	____Yes ____No	

NOTE: Mark any nonstandard administration with an asterisk*. These test scores will be reported as scores that result from a nonstandard administration of the test.

EXPLANATION FOR NON-PARTICIPATION AND HOW THE STUDENT WILL BE ASSESSED

For any test/subtest not checked, explain in the space below why the student **will not** be participating in this assessment, the impact relative to promotion or graduation, and how the student will be assessed in these areas:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

VIRGINIA'S STANDARDS OF LEARNING ASSESSMENTS (SOL) VIRGINIA ALTERNATE ASSESSMENT PROGRAM (VAAP)

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____

PARTICIPATION IN THE SOL ASSESSMENTS

For the student who will be (1) in a grade level for which the student is eligible to participate in the SOL Assessment; (2) enrolled in a course for which there is an SOL end-of-course test; (3) participating in a remediation recovery program **or** (4) needs to take a SOL Assessment as a requirement to earn a Modified Standard Diploma, Standard Diploma or Advanced Studies Diploma, **list each test below**. Next determine if the student will participate in the SOL test and then list the accommodation(s) and/or modification(s) that will be made based upon those the student generally uses during classroom instruction and assessment. For the accommodations and/or modifications that may be considered, refer to "Accommodations/Modifications" page of the IEP and the Virginia Board of Education's guidelines.

SOL TESTS	PARTICIPATION	ACCOMMODATIONS MODIFICATIONS	If <u>YES</u> , List Accommodation(s) And/or Modification(s) by Test
	___Yes ___No	___Yes ___No	
	___Yes ___No	___Yes ___No	
	___Yes ___No	___Yes ___No	
	___Yes ___No	___Yes ___No	
	___Yes ___No	___Yes ___No	
	___Yes ___No	___Yes ___No	

Mark any nonstandard administration with an asterisk*. These test scores will be reported as scores that result from a nonstandard administration. A student with a disability who has passed an SOL assessment utilizing any accommodation including a non-standard accommodation has passed for all purposes.

EXPLANATION FOR NON-PARTICIPATION AND HOW THE STUDENT WILL BE ASSESSED

If **no** is checked for any test, explain in the space below why the student **will not** participate in this test, the impact relative to promotion or graduation, and how the student will be assessed in these areas.

NOTE: The numeracy test (SOL Math 8 test) and literacy test (SOL English 8–Reading Research and Literature test) are requirements for the modified standard diploma. If the IEP team decides to postpone the student's participation in either of these tests, or postpones the student's retake of an end-of-course test that is a requirement to earn a Standard Diploma or Advanced Studies Diploma, then the student's opportunities to take and pass these tests will be decreased.

PARTICIPATION IN THE VIRGINIA ALTERNATE ASSESSMENT PROGRAM (VAAP)

Once the IEP team determines that the student will **not** participate any of the four core SOL tests (English, math, science, history/social science) or the SOL test will **not** be postponed (see note above), the student must be considered for participation in the Virginia Alternate Assessment Program (VAAP). However, the student must meet the VAAP participation criteria.

Does the student meet the criteria for the VAAP? ___yes ___no . If YES, the student will participate in the VAAP.

If the student meets all criteria except the age requirement, state the school year the student will participate in the VAAP. _____

If the criteria are not met, determine and document above how the student will participate in the SOL assessment program.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

DISTRICT-WIDE ASSESSMENT(S)

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____

PARTICIPATION IN DISTRICT-WIDE ASSESSMENTS

For the student who will be in a grade level or at an age for which the student is eligible to participate in a district-wide assessment, **list each district-wide assessment below**. Next determine if the student will participate in the assessment and then list the accommodation(s) and/or modification(s) that will be made based upon those the student generally uses during classroom instruction and assessment. For the accommodations and/or modifications that may be considered, refer to "Accommodations/Modifications" page of the IEP.

ASSESSMENT	PARTICIPATION	ACCOMMODATIONS MODIFICATIONS	If YES , List Accommodation(s) And/or Modification(s) by Assessment
	___Yes ___No	___Yes ___No	
	___Yes ___No	___Yes ___No	
	___Yes ___No	___Yes ___No	
	___Yes ___No	___Yes ___No	
	___Yes ___No	___Yes ___No	
	___Yes ___No	___Yes ___No	
	___Yes ___No	___Yes ___No	
	___Yes ___No	___Yes ___No	
	___Yes ___No	___Yes ___No	
	___Yes ___No	___Yes ___No	

Mark any nonstandard administration with an asterisk*.

EXPLANATION FOR NON-PARTICIPATION AND HOW THE STUDENT WILL BE ASSESSED

If **no** is checked for any test, explain in the space below why the student **will not** participate in this test, the impact relative to promotion or graduation, and how the student will be assessed in these areas.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

PLACEMENT DECISION, Continued

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____

PLACEMENT DECISION, Continued

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

PRIOR NOTICE, Continued

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____

PRIOR NOTICE, Continued

Describe other options considered and the reasons for their rejection:

List other factors that are relevant to this proposal:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

PRIOR NOTICE – Refusal(s)

Student Name _____ Date ____/____/____ Page ____ of ____

Student ID Number _____

After consideration we refuse to:

Reasons for the refusal(s):

Description of each evaluation procedure, test, record, or report used as a basis for the refusal(s):

Description of any options considered and the reasons why those options were rejected:

Description of any other factors which are relevant to the refusal(s):

NOTE: When the parent(s) and adult student were notified of the meeting to develop this IEP, they were provided a copy of the procedural safeguards that explains their rights. If you, the parent(s) and adult student, need another copy of the procedural safeguards or need assistance in understanding this information please contact _____ at
(____) _____ or e-mail _____ or _____ at
(____) _____ or e-mail _____.